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JAN 09 2006

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7590 10/05/2005

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Karen J. Lenker	
(Depositor's name)	(Signature)
Jan 4, 2006	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/764,123	01/24/2004	Robert F. Buckman	212/551	6075

TITLE OF INVENTION: SPLINT SYSTEM AND METHOD OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	01/05/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WIEKER, AMANDA FLYNN	3743	602-023000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 _____
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Damage Control Surgical
Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Laguna Beach, CA USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check in the amount of the fee(s) is enclosed.
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Karen J. Lenker

Date Jan. 4, 2006

Typed or printed name

Karen J. Lenker

Registration No. 54,618

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